

IN PATIENT SUMMARY BILL

UHID : MHI202483172

IP No : IPH2024000776

Patient name : Mr.MANIYAZHAGAN.S

Age : 35 Y 0 M 14 D/Male

Bill No : MMH/HM/IPH202400765

Bill Date : 02/04/2024

DOA : 1/4/2024 1:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 4,125.00
3	DIET CHARGES	₹ 800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 145.00
7	MEDICAL RECORD CHARGE	₹ 281.00
8	NURSING CHARGE	₹ 1,600.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 1,299.00
11	PROFESSIONAL TEAM FEES	₹ 8,900.00
Gross Amount		₹ 20,000.00
Net Payable		₹ 20,000.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	10,000.00
2	01/04/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	10,000.00